| 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSE OBY: 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSE OBY: 18. CAUSE OF DEATH (Enter only one cause per line to PART I. DEATH WAS CAUSE OBY: 19. WAS AUTOPSY DOLE TO (b) Choruch Conditions, if any, which gave rise to above cause (a), living cause last. DUE TO (c) Conditions, if any, which gave rise to above cause (a), living cause last. DUE TO (c) Conditions | AISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH $^{\prime\prime}$ $^{\prime\prime}$ $^{\prime\prime}$ 62-003048 | | | | | | | | |
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| TOWN Scalia The control of the politic of the p | | 1 1 | | | 7 | PLACE OF DEATH 1 5 1962 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before | | | |
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| 3. NAME OF DECARD FIRST CALES FORT SURVIVOR or print) CALES FORT SURVIVOR OF PRINT SURVIVOR STATE SURVIVOR SU | NA NA | |] | | } | OR TOWN - 1.1. | | | |
| 3. NAME OF DECARD FIRST CALES FORT SURVIVOR or print) CALES FORT SURVIVOR OF PRINT SURVIVOR STATE SURVIVOR SU | Ϋ́ | | ŀ | | _ | c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If cutside, give location) Reside on Farm | | | |
| 3. NAME OF DECARD FIRST CALES FORT SURVIVOR or print) CALES FORT SURVIVOR OF PRINT SURVIVOR STATE SURVIVOR SU | DAT | | | | | | | | |
| 5. SEX 6. COLOR OR RACE Widowed 7. Merried 8. DATE OF BIRTH 9. AGE (lest birthoday) FUNDER 174AR FUNDER 22-INE Midowed 100-XISDAD OCCUPATION (Give kind of work done during most of working life, even if retired) FLECTICIAN 100-XISDAD OCCUPATION (Give kind of work done during most of working life, even if retired) FLECTICIAN 11. BIRTHPLACE (Civy and state or country) FLECTICIAN 12. MAS DECRASED EVER IN U.S. ARMED FORCES? 13. MAS DECRASED EVER IN U.S. ARMED FORCES? 14. COCIAL CECURIST MADE IN NAME 15. WAS DECRASED EVER IN U.S. ARMED FORCES? 16. CAUSE OF BEATH (Enter only one cause par line of the country which gave rise to above cause (a). Highly cause (a). Highly cause (a). Hydrog ca | - | | | | -3 | (Type or print) | | | |
| Maje Occupation (sive kind of work admedition of the control of th | - 1 | | | | _ | CALES E. FOLIS January 9, 1902 | | | |
| TO JUNE OF UNITED THE STATE TO JUNE OF BUSINESS OR INDUSTRY 11. BIRTHFLACE (CITY and state or country) 12. CITYEN OF WHAT COUNTRY TURN THE STAME Alongo B. Potts 13b. MOTHER'S NAME Alongo B. Potts 15b. MOTHER'S NAME Alongo B. Potts 17c. INTERNAL EXCHENT Mrs. Along Potts INTERNAL EXCHENT CONSTRAINCH ENTRY INTERNAL EXCHENT CONSTRAINCH ENTRY CONSTRAINCH ENTRY CONSTRAINCH ENTRY INTERNAL EXCHENT Address INTERNAL EXCHENT CONSTRAINCH ENTRY CONST | | | | | ŀ | Widowed Divorced Divorced Months Days Hours Min. | | | |
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| 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town, or county) (State) Burial 1-11-1962 Memorial Park Cemetery Sedalia, Missouri Burial 24. FUNERAL DIRECTOR Gillespie Appress Prince al Home 25. DATE RECD. BY LOCAL REG. 26 REGISTRAR'S SIGNATURE D. W. Heckart Sedalia, Missouri 1-10-1962 Transport | | | - (| | | | | | |
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| D.W. Heckart Sedalia, Missouri 1-10-1962 Frances Chaly | <u></u> | + + | + | ₹ | 23 | DEMOVAL (Specify) | | | |
| D.W. Heckart Sedalia, Missouri 1-10-1962 Frances Chaly | | | | FFI | | Burial 1-11-1962 Memorial Park Cemetery Sedalia, Missouri | | | |
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| | = | | | യ | l <u>-</u> | O. W. Heckart Sedalia, Missouri (Licensed Embalmer's Statement on Reverse Side) | | | |

GBET & T MAL

STATEMENT BY LICENSED EMBALMER

| | I hereby certify that the body whose name is | recorded on the reverse side of this certificate was embalmed by me, |
|------------------|--|--|
| or by | | , Student Embalmer No |
| workir Studer | ng under my personal supervision. | Signed John & Farming |
| Sioden | Signature of Student Embalmer | Licensed Embalmer Non 5173 |

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.